## State of Idaho

Ben Ysursa Secretary of State

## LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

(Type or print clearly in black ink)

|  |   |   | at bottom of page          |                |   |  |  |                                       | l              |                        |         |                 |           |  |
|--|---|---|----------------------------|----------------|---|--|--|---------------------------------------|----------------|------------------------|---------|-----------------|-----------|--|
| Lobbyist's name and permanent business address                                       |   |   |                            |                |   |  |  | repared                               | Period covered |                        |         |                 |           |  |
| Debbie Bloom   |   |   |                            |                |   |  |  |                                       |                |                        |         | year ending     |           |  |
|  |   |   |                            |                |   |  | 01/10/05   |                                       |                |                        | _       |                 | J         |  |
| Community Action Partnership Association of Idaho                                    |   |   |                            |                |   |  | 01/10/03   |                                       |                |                        | (Mo.)   | (Day)           | (Yr.)     |  |
| P. O. Box 8224<br>Boise. ID 83707  |   |   |                            |                |   |  |  |                                       |                |                        | 12      | 31              | 2004      |  |
| Item   |   | *****   |                            |                |   | <u>.</u>   |  |                                       |                |                        |         |                 | <u> </u>  |  |
| 1  | Totals  | of all reportab                               | le expenditures made or    | incurred t     | y Lobby   | rist or  | · by   | Lobbyist's Emplo                      | yer on l       | behalf of              | Lobby   | ist's Emplo     | yer.      |  |
| Reimburse  | tegory of Ex<br>ed Personal Livi<br>Persining to Lo | penditure<br>ng and Travel<br>bbying Activity | * Total Amount for         |                | Proportionate amounts contributed by each employer (Iden<br>Item 3, at bottom of page.) |  |  |                                       |                | ntify employers, under |         |                 |           |  |
|  | Not Have to be                                      |   | All Employers              | Employer No. 1 |   |  | l Employer No. 2                                   |                                       | Employer No. 3 |                        | o. 3    | Employer No. 4  |           |  |
| Entertainment Food and Refreshment   |   |   | \$0.00                     | \$             |   |  | \$ _   |                                       | \$ <u></u>     |                        |         | \$              |           |  |
| Living Accommodations  |   |   | 0.00                       |                |   |  |  | · · · · · · · · · · · · · · · · · · · |                |                        |         |                 |           |  |
| Advertising  |   |   | 0.00                       |                |   | _  |  |                                       |                | ····                   |         |                 |           |  |
| Travel   |   |   | 0.00                       |                |   |  |  |                                       |                |                        |         |                 |           |  |
| Teleph   | one   |   | 0.00                       | l              |   |  |  |                                       |                |                        | _       |                 |           |  |
| Other Expenses or Services   |   |   | 0.00                       |                |   |  |  |                                       | <br>           |                        |         |                 |           |  |
|  |   | Total   | \$                         | s              | 0.0   | 00   | \$.  | 0.00                                  | <b>  s</b>     | 0.                     | .00     | \$              | 0.00      |  |
| *  |   |   | you are reporting for requ |                |   |  |  |                                       |                |                        | ould be | entered on Pa   | ige 1.    |  |
| Item<br>2  |   | of each expend                                | liture of more than fifty  | dollars (\$5   |   |  | ator   |                                       |                |                        | blic Of | ficials in Gro  |           |  |
|  | Date  |   | Place                      |                | An  | ount   |  | Names                                 | n Legista      | nors oc Fu             | ione Or | ilciais iii Gio | <u>пр</u> |  |
| -  |   |   |                            |                |   |  |  |                                       |                |                        | PO      | JSTE            |           |  |
| للم  | Continued on  | attached page(s)                              | )                          |                |   | Ite  |  | <u> </u>                              |                |                        |         |                 |           |  |
|  |   | INST  |                            | 3              |   | Employer(s) Name(s) and Address(es)                    |  |                                       |                |                        |         |                 |           |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. |   |   |                            |                |   | No.1 Community Action Partnership Association of Idaho |  |                                       |                |                        |         |                 |           |  |
| Filing deadline: Annual report is due on January 31st.                               |   |   |                            |                |   |  | <sub>No.2</sub> F'. O. Box 8224<br>Boise, ID 83707 |                                       |                |                        |         |                 |           |  |
| TO BE FILED WITH:  |   |   |                            |                |   |  |  | )13G, 1D 03/0/                        |                |                        |         |                 |           |  |
| Ben Ysursa Secretary of State  |   |   |                            |                |   |  |  |                                       |                |                        |         |                 |           |  |
| PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282    |   |   |                            |                |   |  | No.4   |                                       |                |                        |         |                 |           |  |
|  |   |   |                            |                |   | l  |  |                                       |                |                        |         |                 |           |  |

| Item            | Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intang     |                      |   |  |                                  |  |  |  |  |  |  |  |  |
|-----------------|---|----------------------|---|--|----------------------------------|--|--|--|--|--|--|--|--|
| 4               |   |                      |   | lor, or for or on behalf of any legislator.  Name of Legislator Receiving or Benefited |                                  |  |  |  |  |  |  |  |  |
|                 | <u> </u>  | ALC                  | Amount  |  |                                  | Name of Legislator Receiving   | or Bene  | TROG   |  |  |  |  |  |
| Item<br>5       | Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which       |                      |   |  |                                  | LEGISLATIVE SUBJECT IDENTIFICATION   |  |  |  |  |  |  |  |
| Subjec<br>(from | 1 Code  | Bill, Re<br>Legislat | resolution or Other<br>rive Ident, Number<br>articular bill | Appropriation Bill Number and Section Number   | 01<br>02<br>03<br>04<br>05<br>06 | Recology, environment, pollution, conservation, zoning, land and water use Education Elections, cumpaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, foderal | 17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28 | and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas |  |  |  |  |  |
|                 |   |                      |   |  |                                  | Employer No. 1 signature  Employer No. 2 signature   | Roo  | Date  Date   |  |  |  |  |  |
|                 | CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahe Code. |                      |   |  |                                  | Employer No. 3 signature   |  | Date   |  |  |  |  |  |
|                 |   |                      |   |  |                                  | Personal State of Company  |  | Nete   |  |  |  |  |  |